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ABSTRACT

This study addressed policy problems encountered during the process of identifying and remediating pupils with learning disabilities (LD) in New York State. An ethnographic approach was used in the detailed analysis of policy as it affected 13 elementary LD students (from urban, suburban, and rural schools), their parents, and service providers. Policy issues addressed include: the definition of learning disabilities; timely evaluation and intervention; evaluation content; labeling; free and appropriate education; alternative testing and instruction; and the need for additional services. Analysis of results led to recommendations to: (1) clarify the state definition of LD; (2) provide for early structured intervention services outside of special education; (3) relate evaluation specifically to special education program planning; (4) encourage the integration of the special and regular education programs in school districts; (5) promote positive home-school cooperation in educating LD pupils; and (6) create financial incentives for preventive and declassification services. An appendix presents the questions used in adult interviews. (Contains 15 references.) (DB)

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Diagnosing and Planning for the Learning Disabled: The Relationship Between State Policies and Services

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DIAGNOSING AND PLANNING FOR THE LEARNING DISABLED: THE RELATIONSHIP BETWEEN STATE POLICIES AND SERVICES

Carol C. Possin

November 1986

DIAGNOSING AND PLANNING FOR THE LEARNING DISABLED: THE RELATIONSHIP BETWEEN STATE POLICIES AND SERVICES

Abstract

A critical state policy issue is the rising number of school pupils classified as learning disabled (LD). This study addressed policy problems encountered during the process of identifying and remediating LD pupils. An analysis of the results includes recommendations to clarify the state definition of LD, provide for early structured intervention services outside of special education, relate evaluation specifically to special education program planning, encourage the integration of the special and regular education programs in school districts, promote positive home-school cooperation in educating LD pupils, and create financial incentives for preventive and declassification services.

Learning disability (LD) is a handicap category under federal law 94-142 and Article 89 of New York State law. It is commonly defined as a disorder in a psychological process involved with understanding or using language.

Currently New York State policy under Part 200 of the Commissioner's Regulations requires a specific series of steps in diagnosing and recommending remediation for learning disability. These steps include referral of the potentially handicapped student for evaluation, testing, labeling and program planning by a school district Committee on the Handicapped (COH), and an appeals procedure for the parents of handicapped students.

As a result of these procedures, thousands of children are diagnosed as LD each year, and special education is provided for them in separate self-contained classes for the handicapped or in regular classrooms with supplementary tutoring or small group instruction in resource rooms during a part of each day.

Policy makers have noted with concern a rapid increase in LD pupils referred for special education. In New York State the LD category has grown from 12.5 percent of all handicapped children in 1979 to 45.7 percent in 1985, for a total of 131,066 pupils (SED, 1986b). This growth has raised public concern about the appropriateness of diagnoses and services (Commission on Special Education, 1985).

The purpose of this research was to examine state policies related to LD in terms of the effectiveness of state mandated procedures for identifying and remediating students. There may be other sources of problems, such as federal mandates or local implementation of regulations. However, this study was limited to state policies.

An ethnographic research design was used in order to examine the entire policy system as it relates to individual students, their parents, and service providers. The following questions were addressed: What policy problems are being encountered during the process of identifying and remediating LD students? What changes in state policy are needed to solve these problems?

Method

Subjects

Thirteen pupils labeled LD, 8 boys and 5 girls, in grades kindergarten to six constituted the sample. The distribution of the sample is shown in Table 1.

Table 1
Sample Distribution Across Grade

Grade	Number of Pupils
K	1
1	1
2	2
3	1
4	4
5	2
6	2

The students were drawn from 8 schools in 3 districts (6 from City District, 5 from Suburb District, and 2 from Rural District). The school districts are similar to other districts in upstate New York. Table 2 describes the districts with approximate figures (Nelson A. Rockefeller Institute of Government, 1986).

Table 2
Description of Districts Sampled

District	School Enrollment	Median Household Income	Percent Unemployed
Rural	1700	$15,000	1
City	8000	$13,000	8
Suburb	5400	$21,000	5

City District has more minorities, single parents, and Division for Youth students than the other two districts.

The subjects were selected randomly from district lists of LD pupils. Sixty adults involved with the learning of the 13 pupils were interviewed. Schools and individual participants are anonymous.

Procedure

An ethnographic research approach was used in order to gain comprehensive understanding of the educational environment of each pupil. That is, a small number of subjects were observed in great depth. The following data were collected:

- Minute by minute field notes based on the in-school observation of each child for two school days.
- The school district written record for each pupil plus additional data from psychological tests administered by the researcher to nine pupils for whom test data were missing or dated.
- Notes from open-ended interviews conducted with adult participants. These included the parents of 12 subjects, 10 special education teachers, 8 regular teachers, 2 school psychologists, 8 principals, 7 school district administrators, 6 State Education Department (SED) staff, 2 New York State Assembly staff, 3 Board of Cooperative Education staff, a doctor, and a representative of the New York Association for the Learning Disabled (NYALD). Interview questions were pilot tested with participants at the annual conference of the Capital District Council on Dyslexia. The revised questionnaire (Appendix A) was administered face-to-face or by telephone to each participant.

Efforts were made to observe the system without changing the behavior of subjects. The researcher observed each subject pupil in class unobtrusively from the back of the classroom. Only three of the 13 subjects met the researcher prior to the observations; the other subjects did not know the researcher before the field work. The subjects' classmates did not know that a particular student was being observed. The researcher was ignored by the teacher unless a

student asked why she was there. The reply was, "She is visiting the class." After each observation the teacher was asked whether this was a typical day for the observed student. Only one teacher stated that the student acted differently, that is, "more willing to work." Otherwise teachers said that there was nothing unusual about the school day for the observed student. Generally, students proceeded to do their school work as usual and seldom looked at the observer.

The data, which were gathered over a period of six months, were analyzed by first categorizing them according to the problems observed. Then linkages were sought between state policies and the problems observed in the field.

This study represents a genuine attempt to understand state policy in terms of its effect on students and their learning environment. While the sample is small and one must use care in generalizing the results, one can begin to understand special education environments for LD pupils from this study because of the schools' similarity to other upstate New York schools. The conclusions may be tested further with a larger sample.

Problems were identified with the LD definition, evaluation and labeling process, provision of an appropriate education, the resource room option, mainstreaming, parental involvement, and funding patterns. Each of these issues is described in the following sections.

Definition of Learning Disability

A reasonable process for serving a group of handicapped learners might include the following steps: (1) define the handicap clearly; (2) evaluate potentially handicapped persons to determine whether they are indeed handicapped in terms of the definition; (3) for those who are handicapped, set learning goals and devise and implement an instructional program that will meet their needs as identified by the evaluation; and (4) evaluate the success of the intervention program in terms of student success at meeting learning goals. In the case of LD, the almost universal problem-solving approach just described fails at step (1): LD has not been defined clearly. Consequently, it is difficult to determine whether someone has the problem, how to plan to remediate the problem, or how to decide when the problem has been solved.

LD is defined in Part 200 of the Commissioner's Regulations:

> A Learning Disability is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which manifests itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, neurological impairment, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, of emotional disturbance or of environmental, cultural or economic disadvantage. A child who exhibits a discrepancy of 50 percent or more between expected achievement and actual achievement, determined on an individual basis, shall be deemed to have a learning disability.

There are several problems with this definition. It is a fragmented collection of ambiguous terms like "basic psychological processes," "minimal brain dysfunction," and

"dyslexia." Also, it is based on an assumption of an underlying neurological disorder, which is as yet unproven (Kavale & Forness, 1985, p.63).

The requirement of a 50 percent discrepancy between achievement and ability confused interviewees. First, it is unclear whether the discrepancy must indeed be 50 percent because SED (1982, p.3) states: "There may also be cases in which assessment data leads to the conclusion that a student is learning disabled even though standardized scores do not substantiate a 50 percent discrepancy. In all cases, the criteria of a 50 percent discrepancy should be used as a guideline and not as a formula." It is also unclear how to calculate a 50 percent discrepancy. No one that was interviewed could answer this question.

Finally, it is unclear whether "expected achievement" is meant to be general or specific. That is, does one look for a gap between general IQ and a specific language-related achievement test? (This is often done in the field.) Or does one check for a gap between aptitude in a specific skill area and actual achievement in that area? The state implies the latter by stating that one looks for "a severe discrepancy between achievement and intellectual ability in one or more of . . . seven areas relating to communication skills and mathematical abilities" (SED, 1982, p.9). However, one would not expect to find a severe discrepancy between test scores for *ability* in reading comprehension and *achievement* in reading comprehension. Such scores would likely be highly correlated.

There is another confusion related to expected achievement. A fifth grade student of average intelligence would be expected to achieve at the fifth grade level. However, if the student has been held back one year and is in the fifth grade, does one expect fifth or sixth grade level achievement in terms of the definition for LD? In the opinion of a representative of the State Education Department, one should use the level of the child's age peers, that is sixth grade level, when looking for a discrepancy between expected and actual achievement. Interviews with school staff indicated varying understandings of state policy concerning this issue.

Finally, the definition lays blame for school failure entirely in the child, whereas the problem may be lack of opportunity to learn or inappropriate instruction in some cases. This is a special problem for immature learners who do not manage their behavior and work independently. Such pupils may not be LD, but they need management of learning imposed upon them. They need a highly structured program in basic skills, such as word decoding and math computation.

> This appears to be the case with Alan, a fourth grade subject who has not acquired simple spelling and handwriting skills. Alan's major learning problem is task avoidance. He exhibits no motivation to master spelling and handwriting independently. Alan has not received the systematic management of his learning that he needs, and his achievement scores have dropped below expectation, qualifying him for an LD program. There are likely others like Alan whose problem is the learning environment more than a language processing problem.

How are people understanding and using the state's definition? School staff and parents were asked how they defined LD. These are typical responses:

> Parent: "She can't learn like a normal kid."

> Regular teacher: "The definition is unclear because it is very comprehensive. LD includes emotion disturbance."

Special education teacher: "Two years below grade level with a normal IQ. The difference between a slow learner and LD is unclear."

Principal: "Two or more years behind and an average IQ. The child can be behind for many reasons like a disadvantaged background."

District administrator: "LD is a catchall, nebulous category. We lack a clear definition."

SED staff: "LD is a judgment call diagnosis."

A comparison of these definitions with the definition in state regulations indicates a lack of clarity and comprehensiveness in the interviewees' definitions. LD is confused with emotional disturbance, slow learner (slightly below average intelligence), and disadvantaged. The common belief in a requirement of a two-year deficit is erroneous. Of the 27 school staff interviewed, two gave complete definitions, four said they did not know the definition, and 14 included inaccuracies in their definitions such as the above. Among the parents, four could not define LD, and seven defined LD very generally as problems with learning like a normal child.

Part of the problem with a definition is that LD is not fully understood, and policy has preceded research in this area. Each state has attempted to construct its own definition of LD. The collection of descriptors has expanded and shifted to include far more learners as "handicapped" than were ever intended. In a recent study, Ysseldyke (1983, p.229) used the 17 most common definitions of LD to classify more than 300 non-handicapped learners. He found that 85 percent of the nonhandicapped learners could be classified LD according to one or more of these definitions.

The ambiguity in the definition of LD contributes to problems in research and service delivery. In research, it is difficult to describe the LD population that one is studying; pupils labeled LD are a heterogeneous group that may vary in its reactions to experimental treatment for reasons unrelated to particular research hypotheses. Services such as diagnosis and remediation must lack precision when the handicap is defined so ambiguously.

Recommendations about Definition

The definitional problems cannot be solved completely without more research. However, the state can take some steps to clarify the definition:

(1) Clarify the existing definition by unifying its fragments as much as possible, defining ambiguous terms, and naming process problems;
(2) Clarify the 50 percent discrepancy, how to calculate it, and the relationship of the discrepancy to student age or grade level;
(3) Require an investigation of a student's learning environment as a source of the student's learning problems as well as deficits in student abilities.

Evaluation

Potentially handicapped students are referred to a school district Committee on the Handicapped (COH) for evaluation. State regulations in Part 200 set standards related to the timeliness and the content of this evaluation.

Timely Evaluation and Intervention

The evaluation of a child for special education must be completed within 40 school days of the receipt of the referral. It is assumed that the policy underlying this regulation is swift services to handicapped pupils. However, the state also views special education as a last resort, implying that other remedies should be tried first if a child has learning problems (SED, 1982, p.6). Trying other services takes time, which can delay needed special education services.

Indeed school records of subjects and interviews with staff and parents revealed that the most frequent point of delay in special education intervention occurs before the process begins, that is, prior to referral for evaluation and services. The case of Max illustrates this point.

> When Max entered elementary school he was given pre-kindergarten screening tests which indicated that, although his tested IQ was average, he was operating at about the 3-1/2-year-old level in language skills at age 5. He was flagged for retesting, which found him to be "immature and distractible" and one year behind in receptive language. He was held back in kindergarten. During both kindergarten years he received remedial math and reading readiness in a pull-out program under Chapter 1 federal funds for two 30 minute periods each week. The next year he was passed to a regular first grade where the teacher reported that he had little phonics ability and referred him for evaluation for special education in December. The evaluator reported severe problems with learning to read, distractibility and task avoidance. Max was given special education resource room help 30 to 45 minutes a day to work on his basic skills and help him keep up with the rest of the class. By third grade his time in resource room was increased to 50 percent of the school day. However, by this time it was impossible for Max to keep up with his classmates. During this research Max was observed sitting idly because he could not read his social studies text, checking an alphabet chart to form letters, and frequently asking the teacher for help with reading or writing words as simple as "rang" and "nice." He relied on teacher assistance with nearly every item in every assignment. He obtained individual help from the regular teacher 35 times during a 3 1/3 hour observation. He could not handle the regular third grade work with resource room help and would be placed in a self-contained special education class the next year where he could work at his level all the time.

This case illustrates the following points about delay in evaluation and appropriate services:

(1) The special education program is only one of many remedial services available, including retention, Chapter 1 and Pupils with Special Educational Needs (PSEN) remediation, and individualized computer assisted instruction. State guidelines recommend that other remediations like PSEN be tried prior to granting special education services, which are viewed as a last resort. However, other remedial services are less intensive than special education and may not solve problems. They were insufficient for Max.

Max had to fail sufficiently before he could receive special education help. Belief that failure over time must justify special education services is common among schools studied. One teacher stated: "Students are not referred until first or second grade. The Committee on the Handicapped (COH), which reviews referrals, does not want kindergarten students. Usually you must try other remediation classes before the COH." A principal said, "The COH doesn't want kindergarten students. You must give them time to fail . . . . Usually you must try other remedial classes like Chapter 1 before going to the COH. This might take a year or more."

(2) Delay in referral is also related to tension between separate organizational systems for regular and special education. In most every way a principal is chief of a school building,

and a teacher manages the classroom. However, the COH creates another overlapping structure. Students are placed in special education by a committee (COH), which seldom includes the student's school principal or regular teacher. Special education teachers answer to a district level head of special education as well as a building principal. Thus, the special education system is outside the regular lines of authority in the school organization. Referral to the COH can be viewed as a loss of control or an admission of failure to handle a child's problems successfully on the school level.

Some schools have formed local committees to pre-screen children having learning problems as a step prior to the district COH. This can be viewed in part as an attempt to inject some local school control into the decision making about children experiencing learning problems. One administrator said, "I like the local committee process because it precedes the COH . . . . The problem belongs in the child's neighborhood school. Building level screening should be required by law." Another said, "One administrative policy is to work with the regular class as long as possible and keep the COH out of it." Clearly this attitude can be a barrier to timely education services through the required COH channels.

(3) Even though SED supports early intervention, it does not promote the early identification of handicaps like LD in actual practice. SED has agreed that intervention into learning problems should occur as early as possible. In a 1979 memorandum supporting legislation to lower from five to three years the age at which districts must educate handicapped children, SED took the following position:

> Numerous studies indicate that children who received early intervention services were more likely to achieve and maintain placement in regular classes. Such intervention and reversal of the debilitating effects of handicapping conditions could ultimately reduce the cost of instruction of many handicapped students over the duration of their educational studies (SED cited in LCER, 1980, p.20).

The state does require screening of kindergarten pupils for language, motor, and cognitive problems under Part 117 of the Commissioner's Regulations. However, pupils' programs are not changed based on this screening. The schools in this study flag pupils with early screening problems for possible rechecking later. Pupils generally do not receive evaluation or remediation for LD based on kindergarten screening.

The Content of the Evaluation

State regulations require the following assessments for potentially LD pupils, as for any handicapped pupil: physician's exam, social history, classroom observation, and psychological exam. The state leaves the selection of specific tests to the examiner. Problems observed in the student records of evaluations are described below.

Physician's exam. There was a record of a physician's exam for only four of the thirteen subjects in their district records. Even though this exam is required by regulation, school administrators typically stated that it is obtained during a COH evaluation only when the situation recommends it.

A physician's exam as originally intended can provide valuable assessment information about an underachieving student. Perhaps the child has poor vision or hearing or low energy due to some physical dysfunction. However, the state already requires that a health certificate be furnished by each pupil entering the first, third, seventh, and tenth grades (Section 903).

Also, pupil hearing tests must be made once a year in grades 7 and below (Section 905). In the judgment of the school staff interviewed, medical exams for LD evaluation are an unnecessary expense. Policy makers should clarify that appropriate medical data should be made available to the COH. Thus if additional or updated medical information is needed beyond the Section 903 health certificates, it could be obtained.

Additionally, the state should advise COH's about medical conditions which commonly interfere with learning, such as hearing and vision problems and low energy conditions like allergy and anemia. It is important that COH's receive some guidelines about problems to anticipate because physicians are no longer required to serve on COH's.

Since many people assume a neurological basis for LD, some schools obtain a neurological exam as part of the evaluation. One school psychologist interprets state regulation as requiring such an exam, while other school staff disagree.

It is important to note that no new information was found in neurologists' reports during the course of this study; neurologists simply reiterated what was already in the students' records. For example, the neurologist's report on Birney states that he is mixed-handed and has no other problems. The neurologist reports his score on the "Draw a Man Test" and states that he has average speech for his age. The school psychologist had also just given Birney the "Draw a Man Test," so there was little new information in this report. Other researchers agree that a neurological report is very expensive and appears to be of questionable value.

> Most learning disabled children do not manifest classical signs of nervous system dysfunction, as assessed by standard methods of testing. Often the neurological findings are minimal and of debatable significance since they are sometimes found in children without learning or behavior problems (Gottlieb, Zinkus, & Bradford, 1979, p.3).

Child observation. There were records of classroom observation for subjects in only one of the three districts, although regulations require an observation of the child by a qualified person other than the child's current teacher. The observation records available were of little value because of the tendency to report conclusions with little supporting data or explanation. For example, a report on an observation of Ray states:

> The youth listened passively as Mr. Smith attempted to get him started on this problem. Nevertheless, Ray appeared confused or disinterested as noted by his not attempting to do the problem after the teacher left his side.

The report fails to indicate whether the behavior is unique or typical over time or what environmental problems might be contributing to Ray's lack of cooperation.

Other recorded staff observations, which were not based on official classroom visitations, also frequently lacked supporting evidence. Kelly's annual review form states without explanation that she "appears to be mildly hyperactive." Several times her record mentions that she is "distractible." There is no evidence in the record to interpret this conclusion. What is meant specifically by "distractible" and how can the problem be addressed? How serious/abnormal is her behavior? What does Kelly do when she is "distractible"? Without more detail, it is impossible to know whether Kelly was distractible for several years or whether each year the evaluator copied word-for-word from previous years. During this

research, Kelly was observed for two full school days. Here is an example from a typical morning in Kelly's self-contained class:

9:42 The teacher asks students questions about a story they read the day before. Kelly sits quietly, eyes on the teacher. Some other students talk out of turn.
Teacher: "Listen. Don't be rude when someone else is talking. Raise your hand." The teacher checks to see if the students' workbook pages are finished.
Teacher: "You can't forget to do your work if you want to stay in this reading group."

9:48 Students do a workbook page quietly. All students work except one talks to the teacher aide.

9:55 Kelly finishes the workbook page first. She helps Shelly with her work.

10:00 Kelly reads her reading book while others finish the workbook page.

Kelly is managing her learning situation independently and productively. Has she changed recently and become less distractible or was she never distractible? Without more specific information, vague labels like "distractible" do not increase the understanding of Kelly's problems or guide remediation and tracking of her progress. Such labels may even condemn a child to an unnecessary special education placement. Her current teacher says that Kelly is doing well, and she does not understand why Kelly is in the self-contained class.

There are ways of recording evaluative comments about a student in a more objective manner. Explanations of comments might include frequency counts or event recording separate from the interpretation of events, interval or time samplings, or permanent products like a student's work. The observation should focus on the entire learning situation, not just on the student.

Psychological exam. Regulations require the use of psychological exams deemed necessary to determine whether a child is learning disabled. There are no particular exams required by the state, although a district would need to administer aptitude and achievement tests in order to demonstrate a severe discrepancy between actual and expected achievement. For example, Barbara in City District was administered the Wechsler Intelligence Scale for Children (WISC-R) and the Peabody Picture Vocabulary Test (PPVT). For the annual reviews of her handicap status, there are scores from the Comprehensive Tests of Basic Skills (CTBS) in her file. The latter were administered to all students in groups as part of the regular school-wide testing program. For initial assessment, Alan in Suburb District took the WISC-R, Key Math, and the Diagnostic Reading Scales (DRS). For reviews, he has taken the Stanford Diagnostic tests, the PPVT, and the CTBS. These two students are typical of their districts. The following problems were noted:

(1) There is the possibility of more testing in wealthier (Suburb) districts than poorer (City) districts. Typically, the only test scores noted for review of City District pupils were school-wide achievement test scores. Ongoing adequate testing is important to specify learning problems accurately as children grow and change. The state should consider setting minimal testing requirements, such as the frequency of IQ tests for LD pupils. A counsel for SED has determined that tests scores must be no more than one year old to be valid in court. However, this ruling has not been made a regulation.

(2) Generally, specific tests for learning disabilities are not administered for several reasons. This is a developing area in testing and practitioners are often unaware of available instruments and procedures. Districts could benefit from SED leadership in providing

information and training in new testing procedures. The state does provide training through regional training centers, but only in response to requests. Local school staff may not know to request new testing information.

(3) There are problems with assessing discrepancy between aptitude and achievement. For example, a discrepancy can be explained by the fact that an IQ test is usually administered individually and an achievement test is administered to a group of students. An unmotivated or distracted student tends to do better on an individual test. Thus an apparent discrepancy between IQ score and a low achievement test score may actually be explained by the testing situation rather than a handicap.

> Ray, who is in the sixth grade, has an average IQ (individual test) and below average achievment test scores in reading comprehension (group test). The researcher administered the Woodcock Johnson tests individually to Ray, and he scored 9.1 grade level in reading comprehension and 7.4 in language. Since Ray's other achievement scores in the school record were also at or above grade level, his placement in special education could not be justified. The state should consider requiring individual or small group supervised achievement tests, at least in the case of unmotivated students. An individual reading test can be administered in a few minutes. The savings incurred by detecting the Rays who do not belong in special education would well offset the expense of individual testing.

It is difficult to determine whether the 50 percent discrepancy criterion is being implemented because student records reviewed for this study did not document LD in a clear, concise manner. For example, Alice's district record consists of the following documents in no particular order: a referral form to the COH, several IEP's, a psychological report, several test scores, a social history, a placement letter, and an annual review report.

A requirement by the state that LD student records document in summary form a severe discrepancy would force the maintenance of records that can be used more efficiently, would demonstrate compliance for state reviewers, and would likely exclude students for whom a severe discrepancy cannot be documented. One record did address the discrepancy requirement thus: "The identified discrepancy between his expected and his obtained levels of achievement adequately conform to a learning disability." This statement should be followed by a documentation of test scores and other observations and an explanation of the discrepancy. The state also needs to clarify how to calculate a discrepancy. Of the 35 school staff interviewed, no one could explain how to do so.

The 50 percent level criterion needs review. A school psychologist stated: "The 50 percent discrepancy is ignored. It's too late by then." Judging by a reasonable criterion of early intervention, 50 percent failure is indeed too great. This means that a sixth grader with average intelligence must test on a third grade level or lower before receiving special education services. Earlier intervention before problems become severe would seem more educationally sound, may require less remediation, and may therefore cost less.

There is another important reason why the 50 percent discrepancy is ignored: There is no handicap category for the slow learner. In order to receive special education services, one must be mentally retarded (IQ below about 74) or LD (IQ average or better, but having specific deficits). The slow learner (IQ about 75–89) typically falls behind academically, and there is no state funding to give this child the extra help needed. The solution commonly found in this study is to mislabel a slow learner LD in order to place the child in special education with state and federal funding. This practice was readily admitted by most interviewees. For example, one administrator said, "The mildly retarded in the 75–89 IQ range get services as LD." For the slow learner, there is no discrepancy between expected

and actual achievement. By avoiding the documentation of a discrepancy, schools can label slow learners and others LD in order to receive state and federal funding for services to children that are ignored by policy makers.

The overuse of the LD label is demonstrated by an examination of data gathered on each of thirteen subjects. All thirteen subjects were labeled LD by their schools. The following data were used to evaluate that label: school records, teacher reports during interviews, two days of observation of each child, and researcher administered tests when test scores were dated or lacking. Each subject is listed in Table 3 with the researcher's diagnosis and evidence. Each record was examined for any evidence of language related processing problems and for a discrepancy between the lowest achievement test score and the grade that the child should be in, assuming the child's IQ was average. For example, Max is achieving at 2/4 or only 50 percent of his expected level in math.

In Table 3, a child was labeled ED when the teacher's and researcher's observations indicated that the overriding learning problem is emotional disturbance and evidence for LD is lacking. These students are unable to function independently in a regular class because they cannot control their emotional outbursts, which disrupt their learning and that of their classmates.

> Birney was observed crying because he thought Andy "told on him." Birney said, "I don't know," (cries). "Can I play?" (sits alone and cries). "Why don't you like me? Why don't these guys like me?" Birney continued in this manner for five minutes. His teacher reported that such outbursts are frequently triggered by minor frustrations and that lack of self-control necessitated Birney's placement in special education.

The researcher designated as "mild LD" those students whose achievement is lower than grade level, except that the current discrepancy between their achievement and IQ scores is small, not 50 percent. Slow learner is 75-89 IQ. Note that only Max and Dean qualify as LD according to current state regulations.

Other Problems with Evaluation. An important source of information during the evaluation process was found to be ignored: The regular classroom teacher was not participating in the COH process, including annual review assessments. The regular teacher typically had no communication with the COH beyond an initial referral, did not receive a report on the student referred, and did not know specifically what the special education teacher was doing with the pupils labeled LD. According to Regulation 200.4(c)(3), the pupil's teacher should attend COH meetings to recommend the general special education plan. This regulation needs clarification to include the regular classroom teacher in the evaluation and planning in order to inform both the COH and the regular teacher about the pupil.

A final problem with evaluation is measurement error. Some of the tests in the record lack statistical quality, e.g. Bender Gestalt Visual Motor Task, Wide Range Achievement Test, Slosson, and Draw a Man (Ysseldyke, Algozzine, Regan, & Potter, 1980). Also, test scores were frequently reported and used without adequate interpretation. For example, Joanne took the same auditory comprehension test twice, one year between test administrations. Her score went down the second time, but there is no explanation in the record, and yet these test scores were used as a basis of decision making about her.

Table 3
Researcher's Diagnosis of 13 Students Labeled LD

Student, Grade	Should be in Grade	Researcher's Diagnosis	Evidence
Max, 3	4	LD	IQ=92, math achievement=2.0
Ray, 6	7	unmotivated	Average IQ, achievement tests average or better when given individual tests
Alan, 4	4	mild LD	IQ=105, achievement tests= 2.6 to 5.0
David, 6	7	mild LD	IQ=107, achievement tests= 3.8 to 6.5
Dean, 4	5	LD	IQ=100, achievement tests= 2.0 to 3.3
Alice, 4	5	mildly retarded/ deprived	IQ=72, teacher observation
Barbara, 4	5	mild LD	IQ=100, achievement tests= 3.4 to 4.0 when given individual tests
Stan, 5	6	mild LD	IQ=92, achievement tests= 3.3 to 4.4
Birney, 1	2	ED	teacher and researcher observation
Kelly, 5	6	formerly ED, now behind-- may be slow learner or mild LD	IQ=89, achievement tests= 3.5 to 4.0 when given individual tests
Joanne, K	K	ED and slow learner	IQ=80
James, 2	2	slow learner, borderline retarded	IQ=75
Sheila, 2	2	slow learner	IQ=85

The state chooses not to regulate testing practice. It leaves the selection and use of tests to local districts. The only guidance that the state offers is a categorized list of tests in print. The state could improve evaluation by actively adopting valid assessment as a state policy and monitoring student records for meeting this policy through its regular monitoring procedures. The state should annotate its list of tests with information about test validity and reliability and reject the use of poor tests in evaluation.

To summarize, the evaluation of pupils for LD was nonspecific, usually consisting of IQ and achievement test scores. Evaluation records did not explain LD labeling directly and clearly, and they were not useful in a specific way to instructional program planners.

New Evaluation Policy Needed

According to the Gottlieb Study, the average evaluation of a student for special education services costs $824 in New York State (Commission on Special Education, 1985, p.29). It appears that in the case of LD students, we are using this substantial investment primarily to label students.

In other settings the primary purpose of evaluation is to inform the program planner. Likewise, for LD students, evaluation should prescribe program planning specifically. Psychological testing should inform teachers about pupil deficits and instructional recommendations. For example, one might report that John has "problems remembering more than two directions at once. Avoid overloading memory. Write down simple directions for morning work."

Even more informative is learning task analysis or curriculum-based assessment (CBA) (Tucker, 1985) where the evaluator uses the material to be learned as a basis for assessing the degree to which it has been learned. An outstanding example of CBA was observed in one district where the self-contained class teacher assessed students using the Brigance Inventory of Basic Skills. As a result, the teacher knew which sounds, numbers, words, etc. each student did and did not know. She planned the students' daily work such that they systematically solved specific skill problems indicated by the diagnostic test. This was the only evaluation record observed with specific information about a child which was useful for daily lesson planning.

In other cases student programs were only vaguely related to assessment. For example:

- Dean is LD. He tests especially low in reading and spelling, but his problems in these areas are not analyzed precisely in the record. Dean spends his time in special education resource room doing worksheets from regular class. There was no evidence of a systematic program designed to solve his specific reading and spelling problems directly.

- Stan still has trouble decoding (sounding out) words while in sixth grade. His record only contains general reading and spelling scores without analysis of specific problems. His decoding problems became evident during testing for this research. His teacher says she does not know whether he can decode. He is not receiving help with this underlying reading problem in his special education resource room or in remedial reading.

- Birney, Alan, and Dean all have handwriting problems. They have not learned how to form letters automatically. Writing is painstakingly slow for them. This problem affects all of their other schoolwork. There was no specific assessment of their handwriting problems, and they are receiving no systematic writing instruction.

Labeling

As the result of an evaluation, a pupil may be labeled "handicapped" and "learning disabled." These labels are required in order for a district to receive state and federal special education funds.

Most parents of subjects reacted negatively to the labels. Barbara's father said, "I didn't like it at all, putting a label on a child like that. I just didn't care for it . . . Barbara had some slack from her peers in school. They called her 'special.' She was coming home telling me kids were picking on her." Several parents denied that the child was handicapped or LD but understood that they had to accept the label in order to get the state funded programs for their children. Dean's mother denies the disability. She insists that Dean "will come out of it," but in order for him to be eligible for help, she has to say that he is LD. When she received the first letter about his handicap she was very upset: "The first time you look at that piece of paper and . . . (gasps)." Parents prefer some other description of their child's needs and services. They mentioned the following less offensive terms:

- special needs (instead of handicapped*)
- needs special help, needs extra help
- needs reading help (name specific needs)
- at risk
- supplementary class, supportive services

The advantage of an LD label is that the problem is publicly identified and therefore in the public eye. Perhaps naming the problem aids in marshalling services and research. However, important problems were uncovered with current labels:

- A label places responsibility for failure on a child when the instructional program may be at fault for not meeting the child's needs. Thus a label may reduce the sense of responsibility to analyze and solve instructional problems among school staff.

- A label is currently a gross, frequently invalid product of an expensive evaluation. It has little value in designing specific individualized remediation.

- Labels may be harmful because they lower expectations placed on children. Take the example of Ray, who is mislabeled LD and should not be in special education. Ray's regular teacher said, "Ray is a mystery and I want to know anything I can find out to help understand him." This same teacher said that Ray's problem really is lack of motivation. So even though she understands Ray, the label compels her to assume that something mysterious is wrong with him.

In conclusion, the label "handicapped" is unnecessarily offensive to parents of children having a problem learning basic skills. It should be changed to a more sensitive term such as those listed above (needing special services, etc.). An early intervention service in the regular education system, which will be described in the next section, would greatly reduce the necessity to label LD.

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* This distresses parents.

Recommendations about Evaluation

(1) Remove the guideline that other remediations be tried prior to special education when intensive services are needed.

(2) Change the requirement of a medical exam as part of the evaluation. Require instead that the COH obtain appropriate medical data. Inform local districts about medical conditions that commonly interfere with learning.

(3) Clarify that a neurological exam is not required as a part of every evaluation for LD.

(4) Monitor compliance with the requirement of a classroom observation as part of an evaluation and require that evaluative comments about a child be supported with explanation and observational evidence.

(5) Set minimal psychological testing requirements. Provide leadership guidance in how to test for LD.

(6) Require individual achievement tests for suspected unmotivated students in order to ensure an accurate assessment.

(7) Investigate lowering the 50 percent discrepancy criterion between expected and actual achievement.

(8) Require direct documentation of a discrepancy between expected and actual achievement in relation to the state's criterion.

(9) Create a separate handicap category for the slow learner who is now mislabeled LD.

(10) Include the student's regular classroom teacher in the COH process.

(11) Actively adopt valid assessment as a state policy. Provide districts with information about the statistical quality of tests.

(12) Require that evaluation relate specifically to program planning.

(13) Replace labels like "handicapped" with more sensitive terms.

Free and Appropriate Education

The state policy of an appropriate education requires the individualization of program services. The state has implemented individualization by requiring that an individual educational plan (IEP) be written for each pupil classified as handicapped, listing specific learning goals.

The IEP is advantageous in an ideal sense. It requires planning for individual students; it informs the COH and parents about a student's program; and it serves as a statement of understanding between the teacher and parent, providing a basis for parent advocacy.

In reality, there is widespread questioning of the value of IEP's. Here are some typical comments from school staff:

Special teacher: "No one looks at them (IEP's), not even the regular teacher."

Regular teacher: "IEP's might be instituted in my school for all students, whether or not they are COH students. This would change nothing except reduce the time available for teaching. Parents don't understand IEP's anyway."

Special teacher: "No one looks at the IEP . . . I pick out my IEP goals from a list of grade level goals in the computer, so the goals are not really individualized anyway. This is time consuming paperwork."

Special teacher: "Special teachers put IEP's in the drawer and nobody looks at them again."

Regular teacher: "I haven't paid much attention to them (IEP's)."

Regular teacher: "I'm not too sure that people read them much . . . Daily conversations are more helpful . . . One IEP is similar to another."

Administrator: "No one reads them. The IEP has not changed education of handicapped children. There is a paper war with state reviewers who never ask whether a program is effective. They only look to see whether forms are appropriately filled out. I train teachers for five days prior to a state audit (to have their IEP's in order)."

The following conclusions are drawn from widespread consensus among interviewees:

- IEP's are not the individualized programs intended by policy makers. Teachers stated that they use the following expediencies to produce a document, which many view as useless: Writing the same IEP for all members of a self-contained special class, computer selecting some IEP goals from a given list, or using goals for the student's grade as the student's individual goals.

- Special teachers write IEP's. Regular teachers of LD pupils said they almost never see the resource room teachers' IEP's or use them in their instruction. Yet regular teachers are usually responsible for the majority of the students' learning time each day.

It is not reasonable to expect specific individualization of 12 problem learners in a special education class at once. Only one special education teacher in this study writes detailed individual IEP's. The one written for the pupil included in this study is 30 typed pages long. This teacher tests students for specific content deficits and schedules intensive remediation for these specific deficits. She has to schedule around multiple recesses, lunches, and special pull-out classes because her 12 students are at several different levels. The result is well-managed individual time on task where the students are meeting individual goals. This teacher reports that she works about 32 hours per week outside of class in order to manage each individual's learning so well. While this teacher's effort and success are exemplary, the price for delivery of twelve successful individualized programs simultaneously is too high. Few people can or will devote so much overtime to their jobs. Individualized programs are an impossible ideal, and school staff are producing pro-forma IEP's and then offering mainly large group instruction. Teachers recognize that students must be grouped in order to give maximum instructional time with limited staff resources. As for the IEP's, no evidence was found that they merit the effort put into them, and the state should consider dropping or abbreviating them as a requirement to receive state funds.

Alternative Testing and Instruction

Part 100 of the state regulations requires the use of alternative instruction and tests with handicapped pupils. Alternative approaches can enhance the appropriateness of an LD

student's education. For example, a child who cannot read a social studies test can have the test read to him because it is not the intent of the test to measure reading skill. The application of this regulation varies widely. Some pupils in this study were given no alternatives, some received shortened assignments, and some received many alternative tests and assignments. Here are some examples of observed needs for alternative instruction and testing:

- Dean takes a daily 20 minute period of Computer Assisted Instruction. Questions that come up on a computer screen must be answered within a set time limit. Dean is a slow reader, but there was no adjustment of the time to respond for him. He was observed hurriedly asking a peer for help, wiggling, jerking his body in rapid movement, as signs of stress. Dean needed more time to respond to each question, which is possible to provide as a computer option.

- Stan's resource room teacher explained measures (pounds, inches, etc.) verbally to a group of LD pupils, who had poor verbal skills. They did not succeed in doing their measurement problems. They needed a physical demonstration. Children can learn through non-verbal approaches, which would likely be a relief during a day of verbal tasks for the LD pupil. Max, for example, has trouble with language problems, but during the non-verbal performance tests on the WISC-R he changed from an apathetic responder to an intensely goal-oriented problem solver. Max also needs some non-verbal instruction.

- Some LD students have severe memory problems that are a barrier to learning math facts. And yet with a table of facts in front of them or with a calculator, they can do math word problems requiring the use of facts. According to a special education teacher, her district does not allow the use of a math facts chart while doing math exercises or exams of skills other than calculation. According to SED (1986a), it is appropriate to allow the use of a facts table under such circumstances. The state's policy on alternative instruction and testing needs publicity and monitoring.

The Need for Additional Services

Early intervention. When asked what additional services are needed to help LD students, school staff mentioned the following:

- Consultant assistance, especially expert diagnosis;
- Help for students at risk of placement;
- Intensive help for problem learners in early grades.

In addition, in the previous sections, several needs were identified, i.e. the need to group individuals for efficient instruction, to reduce the stigma of labeling, and to increase early intervention. A reorganization of services would meet these needs. Students usually must fail for several years before receiving special education services. The interim services, such as remedial reading for two short periods a week, proved to be inadequate to meet the needs of the pupils in this study. A successful intensive program in basic skills is needed earlier, before several years of failure.

The Learning Strategies Program in the White Plains School District provides a useful alternative model. The director of this program screens every kindergarten student for signs of being at risk. About 80 out of 350 students in the school, which serves grades K-3, are selected for an alternative regular class program, which includes a highly structured, multisensory approach to basic skills. ("Structured" means closely managing instruction, mastering one new concept at a time. "Multisensory" means the use of eyes, ears, touch, etc. in learning.) This alternative regular classroom program includes all regular school subjects. The only difference is that basic skills are taught in a highly structured manner. The program

is very successful. In spite of the fact that students come from a wide variety of backgrounds and opportunities for learning, all pass the New York competency tests in the third grade, and only a small number of severe cases are referred to special education. These results are predictable, since the only programs that have produced stellar results with children having early problems with basic skills are structured phonics approaches (Haring & Bateman, 1977 p.139).

A structured regular program in the early grades would provide a new option on the least restrictive end of the continuum of services to children with learning problems. The continuum would then look like this:

Least Restrictive			Most Restrictive
ALTERNATE STRUCTURED EARLY GRADES (not special education)	PSEN CHAPT.1 RELATED SERVICES e.g., SPEECH	RESOURCE ROOM (special ed)	SELF-CONTAINED CLASS (special ed)

It is anticipated that structured and intensive intervention in an alternate regular class on the least restrictive end of the continuum would solve learning problems early and reduce the need for more restrictive services after years of student failure. This proposal would reduce delays caused by the lengthy COH process and reduce the need for labeling children.

In order to implement an early intervention program, each school or each district, in the case of very small districts, may need a program director who screens students, trains teachers in instructional approach, and team teaches. This extra staff person would probably reduce the staff time already devoted to pupil evaluation and teaching in special education classes, which is indeed the case at White Plains. One barrier to change is that special education qualifies for state and federal funds, while the early intervention program just described does not. If the state adopts early intervention as a clearly articulated policy, then it must adjust reimbursement for services to support early intervention. For example, funding the director of early intervention would be an incentive to implementation of such a program.

Counseling. In addition to early intervention, 22 of the 35 school staff mentioned counseling as a needed service. A typical comment from a principal: "There is no counselor here that can work with the home, too, like a social worker. More than half of the learning problems come from problems at home."

> The case of Stan illustrates the need for counseling services: Stan was referred to special education at the end of second grade. His record describes him as socially unresponsive, disheveled, confused, distracted, and rejected by other children. During an interview with the parent for this study, it was learned that Stan was traumatized by severe problems in the family involved with divorce and illness. Stan needed counseling to cope with the worries that interfered with his learning. Instead, he failed for two years and then was placed in a resource room for LD, which did not deal directly with the emotional basis of his learning problems. After several years he is still in a resource room during part of each school day, where the teacher describes him as a social outcast.

The social problems of LD pupils present a puzzling area of concern about service needs. NYALD has proposed education in social behavior for LD pupils. Of the thirteen pupils in this study, only four could be judged socially successful in the classroom. These four

were sought out for positive interaction by classmates, and they did not involve themselves in arguing or fighting. The other nine subjects exhibited some problems relating to their peers. Several subjects aggressed against other students. For example, Alice got into trouble for hitting another girl in the head with a rock. James is rejected by his peers. In music class James tried to enter a circle of children and was prevented by the other pupils. Max is ignored and isolated by his peers.

The social interaction problems of this small sample are similar to those found by other researchers. LD students tend to have social problems (NYALD, 1983). It is unclear why this is so in terms of the definition of LD as a language processing problem. Certainly, the verbal language skills of all subjects, except perhaps James, were adequate for social interaction. It is possible that students identified as LD lack the cognitive basis for social perspective taking (Possin, 1983). Or perhaps they experience peer rejection because of cognitive differences between them and their classmates. There is also the possibility of a tautology in the decision making about placement. That is, children may be classified LD to receive out of class special education services because they misbehave in the regular class. Then it is found that a characteristic of LD is misbehavior or social problems. The records of ten out of thirteen of the subjects give as a reason for placement social or misbehavior problems, indicating that poor social skills may be used as an indicator of LD, whether intended by policy makers or not.

Policy makers who might question the limits of the school's responsibility in remediating socialization problems, must realize the negative effect of social problems on learning. Alice is a social isolate. During a research observation, Alice spent an entire school morning writing a single page at her desk while she was supposed to do reading and writing work. She was writing a note to another girl begging her to be friends. Birney's teacher explained that he is in a self-contained class rather than in a regular class primarily because of social interaction problems. In cases like these where social problems have become a barrier to learning and a reason for expensive remedial placements, policy makers should be dealt with directly. Counseling as a state-funded service could meet this need. The counselor could serve the student and the student's family system directly as well as serve as a resource to the teacher in how to shape appropriate social behaviors. The 1986 state budget provides state aid for counseling to help students remain in a regular class or to help them move from a special to a regular class. In a later section on funding, it will be shown that aid for counseling is unattractively low. The findings here indicate that social behavior accounts for some of the placements in special education. Solving this problem directly with counseling would seem more efficient and cost-saving than placing a child in special education for LD students for several years.

Recommendations for an Appropriate Education

(1) Delete or limit the requirement for an IEP to a brief statement of general goals.

(2) Take steps to increase the use of alternative instruction and testing. Provide training and information for alternative instructional approaches, including non-verbal ones. Require that parents be informed about alternative approaches so that they can advocate for them.

(3) Promote through fiscal incentives and regulation early intervention in regular education, e.g. through alternative structured classes in the early grades.

(4) Promote the use of counseling for problems that inhibit learning, especially as an alternative to special education.

Service Environments

The state's goal for the handicapped is the least restrictive service environment, the one most like a regular classroom. State regulations order service settings along a continuum of least to most restrictive thus: regular class, regular class with pullout resource room, self-contained special education class in the regular school, and special class outside the school (BOCES class or a private school). School administrators also have the options of holding a child back a grade or using Chapter 1 or PSEN remediation for a very limited amount of time each week. Some districts offer locally funded pre-firsts and pre-seconds, which are usually viewed as opportunities for a young child to mark time while maturing without appearing to fail a grade.

The resource room option is the most widely used for LD students. It was also the most criticized option during this study.

In the resource room a special education teacher tutors up to 20 students individually each day in a room separate from the regular classroom. Students are pulled out of the regular classroom to attend resource room for part of the school day. The role of the resource room was unclear during this study, which is a consistent finding with other studies (Friend and McNutt, 1984). Two major roles were observed: (1) assisting the student get by with regular classroom work or (2) providing a separate remedial program to solve individual learning problems whether or not they were being addressed by the regular classroom at the time. Staff in one district claimed that the first option is illegal. However, a representative of SED stated that either role for a resource room is legal. The only role that the resource room may not assume legally is primary instruction of a subject, i.e., the resource room teacher may not introduce concepts for the first time to a pupil. This is the province of the regular teacher. Actually, a district can get around this restriction by calling the resource room a self-contained class for one hour a day of primary instruction while the LD pupil(s) attend.

The problem with the resource room as a backup assistance with regular classroom work is that special teachers were frequently observed doing the students' work for them. For example,

> Alan was doing a writing assignment for the regular class during resource room time. The resource room teacher helped him with each detail thus:
>
> > "Thunder, (spells) t-h-u-n-d-e-r. Do it the way I showed you. Good. That's not an e. Make it smaller. And, a-n-d. Make that tail longer. Actually it should look like this. Cross your t and dot your i's. Period. I was scared, was, w-a-s. Make sure you make your whole w. Scared, s-c-a-r-e-d."
>
> One cannot be sure that Alan has learned to write from this help. He has produced a passing assignment with the teacher's help, but there is no evidence that he has learned to write independently.

A universal complaint about resource rooms is that pulling students out of regular class causes them to miss important regular class presentations and burdens them with additional responsibilities for making up work. Subjects were observed missing important introductions to concepts in social studies, math, and science when they went to resource room.

Pullout for remediation is a challenge to LD pupils. The following is a day in Stan's life:

8:45– 9:18	regular class
9:20– 9:46	computer assisted instruction pullout
9:48–10:13	regular class
10:15–11:18	resource room pullout
11:20–12:28	lunch and recess
12:30– 2:00	regular class
2:02– 2:25	remedial reading pullout

Stan misses a great deal of regular work because he is pulled out of class for remedial help. He is unable to make up much work at home because he cannot figure out the work he missed independently, and his single parent says she is too busy working and raising a large family to help him. Stan struggles to get all his work done. He is learning to cope with failure at completing assignments.

Pullout for resource room is also a serious problem for teachers, who must schedule their instruction around multiple pullouts for many of their pupils. One teacher commented that he has all of his students together for only 18 minutes each day. During the rest of the time one or more students are gone to some pullout program.

A typical teacher's program of special pullout classes might include reading, gym, and computer assisted instruction (CAI) on Monday; art, chorus, and CAI on Tuesday; gym and CAI on Wednesday; chorus, CAI and health on Thursday; and CAI and music on Friday. In addition to these special classes, four pupils might go to a gifted program, each at different times; six might go to orchestra lessons twice a week, each on different days; four might go to resource room every day; and three might go to remedial reading or math. The teacher becomes a manager of time and necessarily must give more independent work rather than group presentations. Frequently time is wasted while waiting for students to return from pullouts before starting a presentation. On several occasions the teacher gave up teaching because so many students were missing. The remaining students did administrative chores and socialized or went to the library. The regular teacher was left idle. This is an expensive waste of teacher time. Here are some typical teacher comments on the resource room:

Regular teacher: "12 out of my 26 students are pulled out for remediation at different times. This is too much for me to coordinate. Ray will miss English today. I will write up the lesson for the resource room teacher to do with him, but I would rather teach him the lesson in my class myself."

Special teacher: "The goal of the resource room is to muddle kids through the regular curriculum. This is inappropriate for those who are really far behind. These kids need out-of-school intensive help--maybe during the summer."

Principal: "I recommend that remedial teachers come to the classroom and work with students like another reading group. The regular teacher would be in charge."

Parent: "We prefer the self-contained class for Barbara over the resource room that she had last year. She spent too short a time in the resource room. She was dealing with two different teachers. It was confusing. She missed stuff in the regular class."

Why do we continue to offer the pullout resource room as a special education service? Policy makers must believe that the resource room pupils are getting additional help when actually they are substituting one teaching situation for another. Another belief is that the resource room provides one-to-one or small group structure for students who do not work well independently in the regular classroom, thus increasing the amount of time that an individual

student actually spends learning. Each student in this study was observed during two school days to determine the percentage of time on task (the time when a student appeared to be engaged in learning) in each type of classroom environment. The results in Table 4 for the seven subjects who were in resource room programs indicate that the percentage of time on task was usually greater in the resource room than in the regular class. Resource room teachers have no more than five students in the class at one time. They frequently managed student use of time by telling them individually to sit down and get to work.

Table 4

Percentage of time on Task in Regular Class and Resource Rooms

Student	Regular Class	Resource Room
Alan	34	63
David	52	94
Dean	40	72
Ray	56	90
Stan	79	47
Max	48	97
Sheila	60	97
Average	53	78

Is it possible to avoid the disadvantages of pullout for resource room and preserve the apparent success with focusing LD students on task in individual or small group settings? The following are some suggested changes in policy that would provide LD students the structured time they need without pullout. These options may not be desired by every teacher, but they should be available as options to school districts.

(1) The resource room teacher could avoid pullout by coming to the students needing help and working with them in the regular classroom. This is permissible under current regulations, according to an SED spokesperson. However, the policy must be clarified to local districts because some school staff interviewed did not know that such a practice is permitted.

(2) Resource room help at school should be offered outside of regular classroom time, such as before and after school and during the summer, especially for older students who are missing important and complex presentations when they leave the regular classroom.

(3) Schools should be able to provide tutoring help to individuals and small groups evenings, weekends, or summers, just as they now provide tutors for home-bound students. This option would allow the student to stay in the regular class during school hours. It would also make scheduling more flexible, since schools would not have to find exactly twenty students in order to fill up a resource room program.

(4) Primary instruction should be allowed in the resource room. This would require a change in state policy, which now mandates that the resource room supplement the regular classroom. A change is needed because teachers are saying that there is no time to coordinate lesson planning, which is necessary for the creation of effective supplementary lessons to the regular teacher's lessons. A clear division of the primary instruction works well in some cases.

For example, one resource room teacher was observed teaching a student decoding and vocabulary while the regular classroom teacher concentrated on reading comprehension and fluency. The two teachers expressed satisfaction with this split in the primary instruction of reading.

(5) Pullout could be reduced by a consolidation of pullout remedial programs. Stan was observed studying reading in the regular classroom, at CAI, in remedial reading, and in the resource room. According to SED, it is not necessary to offer reading in several settings; Stan could skip remedial reading even though he qualifies for it because he is getting resource room help with reading. This policy needs clarification to school districts.

The Problem of Split Responsibility

Another problem with providing supplementary resource room or tutoring is that it splits responsibility for student progress between multiple teachers. Currently the resource room teacher writes detailed student learning goals, but the regular teacher usually has the child in class for more of the school day. Most regular teachers interviewed have not read the IEP and do not know exactly what the resource room teacher is doing. For subjects in resource room programs, twelve staff persons were asked who is responsible for the student's reaching IEP goals. One thought the principal, 5 the regular teacher, 5 the special teacher, and one said that no one could be responsible with a pullout program. These limited figures indicate that split responsibility may provide for an abdication of responsibility.

The following typical comments indicate the level of responsibility assumed for students in a resource program:

Regular teacher: "It's a problem being responsible for a child when he is pulled out a lot."

Administrator: "There is little questioning about a student who doesn't make progress."

Administrator: "If goals are not met the teacher does not tell."

Regular teacher: "The special teacher is responsible for meeting goals."

Special teacher: "The regular teacher is responsible for student progress."

Alan's case illustrates the effect of confusion over responsibility for students.

> His regular teacher thinks the resource room teacher is taking care of his remediation in basic skills. However, he needs phonics work, and half way through the school year, he has only eleven pages of phonics work in his resource room folder, and these are incomplete. Two phonics books in his file are not yet begun. Alan also holds his pencil incorrectly and writes laboriously. No teacher is addressing this problem systematically. His IEP mentions inappropriate negative school behaviors (demands attention, distractible, aggressive). However, there was little evidence that his teachers were taking responsibility for shaping positive school attitudes and behaviors. His regular teacher was observed discouraging his cooperation as in the following situation: Alan was communicating with another student during reading group. The teacher said loudly, "That will be it. You've disturbed the class enough. Completely understood?" The teacher moved Alan to another spot in the reading circle. Alan, who had previously watched the teacher and participated, sat in the new spot with his head down, his face expressionless. He volunteered no further responses to any teachers for the remaining 2 1/2 hours of the school day. Alan's problems with basic skills and motivation were not being addressed systematically by either teacher.

The problem of split responsibility can be solved by designating one teacher as responsible for student progress. If the regular teacher were given overall responsibility, this

would facilitate planning in the context of the student's entire school program. Regular teachers would also be given a sense of ownership over resource students, which is needed in order to engage the teachers' facilitation of mainstreaming. The role of the resource teacher could be to advise on program planning and to solve specific problems, such as teaching decoding skills.

To summarize this discussion of the resource room, this is an undesirable option for students in its present form. The original intent of the resource room was to augment a student's program with *supplemental* help. Instead, the resource room *substitutes* a remedial setting for regular classroom instruction, which is lost. Also, this option splits responsibility for a student's progress. The self-contained early intervention program described earlier would reduce the need for placement in a resource room. More flexible policies would allow students to obtain help in the regular classroom or outside school hours. Responsibility for student progress must be designated clearly when more than one teacher is responsible for teaching basic skills to a student.

Mainstreaming

Mainstreaming is moving students from special education to the regular classroom. While this policy was widely supported as an ideal goal, it seldom occurred in the settings observed in this study. When asked how many students they had seen move out of special education, school staff gave responses like "one out of 20," "two out of 25," or "none."

A barrier to integrating special education students into the regular classroom is that the special education program is separated from the regular school program as an organized system, a problem that was described previously as a barrier to early referral of students to the COH. A school principal might leave special education to the special education system. One special teacher expressed her isolation in such a situation:

> I can bring a kid to the office and the principal might say it's the teacher's problem . . . I haven't gotten adequate custodial support. I had to manage getting my own rug and making curtains to block out the bright sum. I had to go to the union to get an intercom. My door would not close, so I had to fix it myself. I have no movie screen, but every other (regular) classrom gets one.

There is also isolation from regular teachers: "Special teachers don't meet other teachers . . . Sometimes regular teachers won't speak to special ed teachers because they fear the kids." Two other special teachers stated that they are treated like "second class citizens." They are not informed about special events in the school. When they do try to coordinate with regular teachers, they are ignored.

The isolation of students was also a problem. Birney attends a self-contained class and is mainstreamed for reading. However, his desk in the reading classroom was not placed with other student desks. He sat alone facing the wall and did not communicate with other students except during the time when his particular reading group was called forward to work with the teacher. James is also mainstreamed for music and art. However, he was frequently observed physically apart from the regular students. The regular teachers made no attempt to encourage regular students to accept James. Some regular teachers made it clear that the presence of mainstreamed handicapped students from self-contained classes was tentative. One teacher said, "The special kids must tow the line or else they will get kicked out. They are scared because they know this." As one school psychologist stated, "Some teachers believe that working with the handicapped is not their job."

This attitude is a barrier to mainstreaming. It is difficult to arrange for trial placements and other transition activities without full cooperation from all teachers concerned. Some changes in the organizational structure are needed in order to engage the regular teachers and the principals in mainstreaming. A unification of the regular and special education systems is needed with responsibility for handicapped children clearly placed with principals and regular teachers who teach them.

Other Barriers to Mainstreaming

Additional barriers were cited by school staff:

(1) Some children are not moved out because there is no strong directive to move children out coming from COH decision makers, who are almost exclusively special education staff. One special education administrator stated, "There is a lot of success in these programs. Success is getting a kid to graduate or to the next step in his life, not necessarily getting the kid out of handicapped services." Special education staff can maintain the size of their programs almost independently. Involving regular education staff on the COH would allow the regular staff to regain some authority over the placement of students.

(2) Some staff hesitate to move pupils out because it is time consuming to move them back into special education if mainstreaming fails. This was the reason given why Sheila stayed in a self-contained class for six months after the teacher pointed out that she did not need to be there. The state should limit the procedures required to replace a child in special education in order to encourage attempts to declassify pupils. Rather than requiring a repeat of all COH procedures, the state could require only written consent of the parent. Repeated testing could be reserved for cases where the school deems that new evaluation is needed or when the case has not been reviewed for a year or more.

(3) Some parents want to keep their children in special education because they value the extra services. Ray's mother knows that he is a capable student who probably does not need special education, but she sees special education as extra help that is worth the handicap label. Dealing with attitudes that do not support mainstreaming is difficult. The state could reiterate declassification as a state policy, monitor districts for clear justification of placements, and reorder financial incentives to promote declassification. The latter will be discussed later in the costs section.

(4) Some teachers stated that they will not declassify some students in order to save them from the high school foreign language requirement under the new Part 100. The state might consider waiving the foreign language requirement based on some criterion other than special education status, such as low scores on a language-related aptitude or achievement test. This way, a student who could not handle a foreign language might otherwise be declassified.

Recommendations about Service Settings

(1) The role of resource room should include any assistance that helps a student succeed, including help with regular classwork, remediation of individual skill problems, and primary instruction. It should not include doing students' work for them. The state should articulate this flexibility to districts.

(2) Pullout for remediation should be minimized by creating support services in the regular classroom and outside of school time. Also, multiple remedial pullouts, such as resource room plus remedial reading, should be avoided.

(3) Responsibility for LD students should be returned to regular teachers and school principals in order to solve the problem of split responsibility for resource room students and to increase the cooperation of the regular school system with mainstreaming.

(4) Principals and regular teachers should share in COH decision making in order to restore their authority over LD pupils and to add new viewpoints to decision making about the size of the special education program.

(5) Procedures to return a child to special education if mainstreaming does not succeed must be simplified in order to encourage mainstreaming.

The Goal of Parental Involvement

State and federal regulations give parents the right to participate in planning and decision-making about their children's services in speical education. Parents must be invited to the planning conference that produces the specific IEP for the child (Section 200.4(e)(5)). Also, parents may give or withhold consent for their children to be evaluated or placed in a special education program. If a parent does not give consent for services, a school district may hold a fair hearing to determine if the child shall receive special education.

As for participation in the formulation of the IEP, this simply has not happened with the parents interviewed. In each case, the IEP was prepared by the teacher prior to the planning meeting. The parent simply signed the IEP at the meeting. Parents expressed difficulty reading and understanding a long list of educational objectives like:

"Given pencil and paper, the student will draw an oblique cross."

"Given auditory cues only, the student will complete appropriate auditory memory tasks."

No parent could recall suggesting any changes in the IEP, let along participating in formulating it.

Another avenue of input from parents is through due process rights. Parents must approve evaluation and placement, and they can press for appropriate services based on a legal right for a free and appropriate education for handicapped children. However, the right to due process is virtually never asserted. None of the parents interviewed had participated in an adversarial relationship with the schools. School and SED staff indicated that there is seldom a dispute over handicapped services and that the fair hearing procedure is not used. The value of due process for parents can be viewed as a threat which may motivate the school's responsiveness to parents.

Why is due process for parents not used? Interviews with parents and staff revealed two possible reasons: (1) Adversarial proceedings are counter to the school's goal of maintaining harmony; and (2) parents are uninformed about LD, special education procedures, and due process rights.

School staff viewed the goal of harmony as best for the school and the child. They promoted cooperative relationships with parents. All administrators stated that if parents refuse special services, the school backs down in its request for services. Also, if parents request services they tend to get them, as in Ray's case.

When Ray reached special education goals, his mother wrote a letter to the Director of Special Education, asking him to maintain the program for Ray anyway. The administrator responded by requesting a continuation of services for Ray at a reduced level. One administrator stated, "The alternative to submission to parental demands is a fair hearing, which is more expensive."

Administrators and school psychologists mentioned procedures they use to engage parental cooperation. They try to inform and persuade parents. One principal stated, "When you want to evaluate a child, you must explain to the parent what you're doing. Then the parent cooperates." They soften information that may upset parents. As one principal explained, "It is better not to overdo notification of parents (about student learning problems). It upsets them." A school psychologist said that he avoids the use of labels: "The label is intimidating. The COH meeting is intimidating. A better label would intimidate less. It would get the community to work more closely with the school." Another principal stated, "We send them a piece of paper. They can't read it, or they get upset with the word 'handicapped.' Two years ago the letter was changed from a legal document look to a letter appearance." Another psychologist said that he avoids use of the word "handicapped." Several student records do not mention the words "handicapped" or "LD." For example, the letter to Joanne's parent about placement in a self-contained class does not mention the LD diagnosis. It only mentions "learning problems."

A likely result of the schools' diplomacy with parents is increased harmony. However, another result may be uninformed parents. Some parents are unaware of their rights in the COH process. They said:

"I never read his record. I didn't know I could . . . . I don't know about the COH."

"The COH process--I don't know anything about it."

Parents were also uninformed about LD. Only Birney's and James's parents said they had read about LD on their own. Parents generally stated that they received no information about LD from the school. Barbara's parents did not know prior to this study that Barbara was classified LD. They said they had only heard the word "handicapped." After being told that Alan's learning problems sounded like LD characteristics, Alan's mother replied, "You mean there are others like him? I have never received information about LD."

To summarize, parents in this study did not use their rights to take part in planning and decision-making about their children. Parents lacked information about LD and COH procedures. We cannot blame schools for this problem; they are not legally required to educate parents. In fact, parents could take more responsibility to educate themselves.

Recommendations about Parental Involvement

The state is unclear in its role of informing parents about handicaps. Section 4403 requires the state to write a manual for parents about LD, but no parent in the study had seen the manual. In fact, there is nothing in regulations about distributing the manual. State policy should require that districts distribute the state's manual or a reasonable substitute to each parent upon classification of an LD child.

Policies that allow parents to fight for children's rights are seldom used or needed. However, parental support of children is nearly always needed. The state should create policy that promotes productive parental involvement in their handicapped children's education. The state should actively seek ways of informing parents about how they can help their children.

This could be done through added sections about assisting children in the state manual for parents and through regional training, involving parents productively in various ways, e.g. as tutors at home. The state could require evidence in the child's district record of informing parents of specific ways to help their children. The New York State Developmental Disabilities Planning Council is funding research into effective parental involvement in the education of LD children. The findings of this study may be useful for the education of parents.

Costs and Services

Funding policies were examined for incentives to make particular service choices. It is reasonable to expect an inverse relationship between the cost of a service and the frequency with which that service is selected.

The resource room is the most frequently selected service setting for LD, and the self-contained class is the second most common choice. For the resource room option a district hires one teacher in addition to the regular teacher and usually an aide for 20 pupils. Since these pupils are pulled out of regular class part-time each day, the resource room staff expense is in addition to that of the regular teacher. For the self-contained class option, a district hires a teacher for 12 pupils and usually an aide. Since these pupils do not attend regular class, the self-contained teacher expense is in lieu of the cost of the regular teacher except that a class of 12 is approximately half the size of a regular class in the districts studied.

To compare the costs of a resource room with a self-contained class on a per pupil basis, one must consider primarily differences in staff costs because the costs of space, materials, and administrative overhead can be approximately the same for each option. Staff costs vary depending on the years of experience, salary step of the teacher and whether an aide is hired. Some resource rooms and self-contained classes observed in this study had aides, and some did not.

To compare costs between options, assume that each option has an aide, teacher salaries are equal, and aide salaries are equal. Assume there are 20 pupils assigned to a resource room teacher, 12 to a self-contained teacher, and 25 to a regular teacher. All of these figures are typical in the districts studied. An aide's salary is approximately 1/3 of a teacher's salary. Assume that T = the cost of a teacher. Then for one pupil, the cost of a resource room teacher is 1/20(T), for an aide 1/20(T/3), and for the regular teacher who also serves the resource room pupil 1/25(T). So the teaching staff cost per pupil for a resource room placement is:

$$1/20(T) + 1/20(T/3) + 1/25(T) = .107(T)$$

For a self-contained placement there is no regular teacher cost. The per pupil cost of the special teacher, who teaches only 12 pupils, is 1/12(T), and the cost of an aide is 1/12(T/3). So the teaching staff cost per pupil for a self-contained placement is:

$$1/12(T) + 1/12(T/3) = .111(T)$$

Thus the per pupil cost for the resource room and the self-contained options are nearly equal when calculated on the basis of teaching staff costs.

The state pays extra aid for each handicapped student, weighted at .9 for resource room and 1.7 for self-contained classes. Clearly, it is far more profitable for schools to select

the self-contained class over the resource room. Based on figures obtained from the State Aid Planning Unit at BOCES, districts studied earn the following extra state aid for each pupil that is placed in self-contained rather than a resource room: City--$1,382, Suburb-$985, and Rural--$1,465.

Why do districts select a service option (resource room) that is more expensive for them locally? State and national policy requires appropriate services to the handicapped regardless of cost. In support of this policy, school administrators expressed support for fiscal neutrality in decision-making about special education services. They also supported the least restrictive environment, which they viewed as the resource room option. Most important, they seemed unaware of which option is more economical. No school staff person interviewed could say which service is more costly, how much state aid they receive, or how to calculate the latter. A typical administrator said:

> I have never looked at cost as a reason for placement. The school business manager puts the total local share for special ed into the district budget. I have nothing to do with that. I am always surprised by the size of the figure.

It is informative to compare the cost of the resource room and the self-contained class to additional service options. Chapter 1 funds for the disadvantaged cost the local district nothing, which may explain the popularity of that remedial basic skill service prior to COH services. A pre-first class, which allows children to mature for a year betwen kindergarten and first grade is financed with local funds. However, since pre-first students would be taught by a regular kindergarten or first grade teacher anyway, there is no extra expense associated with the pre-first option except that the students' school career is lengthened. Two of the districts in this study enthusiastically support pre-first.

The alternative structured early grades proposed in this paper would not cost an additional teacher because the students must have a regular teacher anyway. However, additional testing, teacher training, and supervision may be needed to implement this proposal. It is possible that an existing district department head would assume the role of trainer and supervisor, which would cost no extra money. Thus, in terms of local district costs, the alternative early grades proposed may or may not be preferable to special ed resource room or self-contained class, depending on whether additional staff is hired for testing, training, and monitoring.

The 1986 state budget provides for two new funding areas: educationally related support services apportionment (ERSSA) and declassification support services apportionment (DSSA). ERSSA includes psychological, social work, and non-career counseling services that would maintain the placement of pupils in a regular education program rather than placing them in special education. The aid available to school districts is equal to:

$$\$155(\text{district pupil count})(.0475)(\text{district aid ratio})$$

The approximate total apportionments for districts studied are: Rural District, $8,100; City District, $24,900; and Suburb District, $10,800. The .0475 will be raised to .08 for the 1987-88 school year. Even with this increase, Rural District will receive enough aid for about one-half a position with fringe benefits, City District for less than 1-1/2 positions, and Suburb for 2/3 position. This counseling aid is far too limited for City District, where there are so many emotional problems interfering with learning.

The DSSA includes counseling, speech, teacher aide, or consultant services during the first year that a child is declassified. Districts will receive .13 times the excess cost aid per pupil as compared to .9 for resource room or 1.7 for a self-contained class. On the surface, .13 is not a rich source of funds. In fact DSSA would only generate $225 per pupil for City District. Very little professional counseling services can be purchased for $225. Also, it would take over 35 pupils to generate enough DSSA to pay for an aide. With about 330 minutes of work time during a school day, each of the 35 students may receive about 9 minutes of daily assistance from the aide, not counting student and aide time for passing, breaks, scheduling interruptions, etc.

ERSSA and DSSA are designed to reduce the number of special education placements. While this goal is worthy, the financial "incentives" will likely be financially unattractive. A cost planning representative from BOCES said that the school administrators that he deals with have been remarking to him that these funds are less "rich" than special education funds.

In conclusion, the current options of resource room and self-contained class are financially attractive to school districts because they are rich sources of state aid. In fact, the most restrictive environment, the self-contained class, is the richest source of aid.

Recommendations about Funding Patterns

(1) Fund at a financially attractive level services to prevent placement in special education, e.g. ERSSA and alternate stuctured regular programs in the early grades for children at risk of school failure.

(2) Fund declassification services at an attractive level.

To conclude, LD is the largest and fastest growing category of handicapped pupils. Findings of this study indicate that certain changes in state policies could improve remediation services to LD pupils and reduce the number of costly placements in special education. However, one must take care in interpreting these results for two reasons: (1) The findings should be tested in a larger number of school districts; and (2) good policy only facilitates services to pupils. School staff and parents are responsible for providing effective diagnosis and instruction to LD pupils.

Appendix

QUESTIONS USED IN ADULT INTERVIEWS

1. What is your role in serving LD pupils?

2. Describe the services available for pupils with learning problems in your school. What is the role of the resource room? Of the self-contained class? Describe any problems with coordination or roles that teachers have with these options.

3. Describe the child's learning problem, how the problem came to your attention, and the history of efforts to deal with the problem.

How long has the child been receiving special services? Has the child made satisfactory progress?

Has there been any alternative testing or instructional approach used with this child or any other LD child in your school such as extra time to complete work, reading a test to the child, allowing the child to use a table of math facts?

4. Please describe any problems that you have noticed with the identification of potentially LD children and referral to the Committee on the Handicapped.

What is the average age at identification/referral in your school?

What types of cases are handled on the building level rather than referring them to the district COH? Describe the child that is most likely to be referred to the COH.

At what point in the COH process does the most delay occur?

What was the age of this child at referral. Who referred the child? Why? When was the problem first noticed? How much time passed between recognizing the problem and beginning special education services? Were other services outside special education used?

What is it about the COH process that might make you reluctant to refer pupils?

5. What problems have you noted with the evaluation process?

Who evaluates the children? Are there any problems with diagnosis or placement? Describe the caseload of the school psychologist.

Have you read the child's evaluation record? What is this child's diagnosis? What is the evidence for the diagnosis? What tests are used to diagnose? When do you use a physician's exam and class observation? Do you agree with the diagnosis and the special services offered to the child?

What is the relationship between the PSEN or Title 1 program and the special education program for LD students? Do you prefer one over the other?

How does the current funding by the state affect your services to students with learning problems?

When is misevaluation most likely to occur?

How do you define LD? Is the state definition of LD clear? Is there a problem distinguishing LD from ED? Are you able to distinguish between problems resulting from environment and LD? Are there any problems with the 50 percent discrepancy rule?

Have you received any information about LD? Do you need information?

Is the school staff trained in diagnosing and remediating LD? Does the staff need training? In what areas?

6. Are there any problems with parental involvement, consent, or due process rights?

How are parents informed about their child's referral and about LD? What do you (they) know about the COH process? When and how should parents be informed about learning problems and about the COH?

Parents: What has been your involvement with the COH and the school's program for the child? How often do you communicate with the school? Do you or the school have information about the child that should be shared and has not been discussed?

How do parents and children feel about the LD label? About the placement in special education?

Would you rather not be involved so much in the child's education? Should parents have a choice about their involvement?

7. What problems have you noted with the creation and administration of an IEP?

What is an IEP? Have you seen the child's IEP? Are you happy with the IEP? Would you change anything about the services prescribed for the child? How long is an IEP typically?

Is the child's program related to the evaluation in any specific way?

How is the IEP used during instruction or is it written as required and filed? Does the IEP demonstrate competent problem analysis?

How much time elapsed between writing the IEP and its implementation? Was the instruction prescribed still relevant when it was begun?

How individual is the child's prescribed program? Is the prescription for small group instruction or for an individual program?

Is there any change in instructional method resulting from placement in special services, or has the setting alone been changed (to smaller class)? What change in method?

Who do you think is primarily responsible for the child's progress? If services are shared by multiple staff, who coordinates the services? What is your responsibility for the child's progress?

What happens when IEP goals are not met?

Is it hard to change an IEP? To move out of special ed? In your experience, how many students have you seen move out of special education to regular classrooms?

Have you noticed any problems that the teacher or other school staff have in meeting the child's needs?

When mainstreaming is used as part of a child's program, how are the regular teachers prepared to meet special needs of the LD?

8. Have you noted any problems with the case review process, e.g. annual review, triennial, etc.)

Any delays? Can staff review frequently enough to meet the child's needs?

Who attends reviews?

What does a review consist of? What tests, observations?

Does the school have any problems completing these reviews? Is there enough staff? Is the staff qualified and successful? Does the review indicate insight and problem solving? Are there any problems with paperwork? The amount of time involved? Absence of the teacher

from the classroom during the review?

9. Are some mandated services or COH procedures really not necessary?

If so, which ones?

10. What additional services to LD are needed?

Are current services limited to those readily available/funded?

Has the child had emotional problems related to LD? Has couseling been offered? Is it needed?

Does the school need any more services such as consultation by experts when a child is not making progress?

11. What else can you tell me about problems with services to the learning disabled or about policies that should be changed?

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